

ZONING OR SUBDIVISION ORDINANCE TEXT AMENDMENT APPLICATION HOBGOOD, NORTH CAROLINA

To the Planning Board and Board of Commissioners of Hobgood:

I, the undersigned, do hereby make application to change the text of an ordinance of the Town of Hobgood, as herein requested. The reason(s) that this amendment is being requested is so that I/we will be allowed to _____

Ordinance proposed to be amended: Zoning ____, Subdivision ____, Article _____
Section _____. The new text is indicated below:

This application, along with the applicable non-refundable fee, must be completed and filed with the Town by 5:00 p.m. on the deadline date. If additional space is needed to complete this form, an additional page(s) may be submitted. For more information you may call (252) 826-4573.

Applicant information:

Printed Name: _____

Signature: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

-----Information below this line to be completed by Town staff only-----

Application received: By: _____ Date: _____